

### Recommendation for "Caught in the Act" Award

Send to: Incentive Awards Chairman or Program Manager

Recommended Employee: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_ Pay Plan & Grade \_\_\_\_\_

Employee's Work Site: \_\_\_\_\_ Date(s) of Act: Drop Down Box

Description of Act (Must meet criteria as stated in SDNG Pam 451) (May be handwritten or typed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommender's Signature/Date: Electronic Signature <sup>to Drop Down Box for Date</sup> Telephone Number: \_\_\_\_\_

Recommended Employee's First Line Supervisor's Signature: Electronic Signature

Signature of Committee Chairman or Program Manager: \_\_\_\_\_

Approval Signature of Human Resources Officer: \_\_\_\_\_

(Use one form for each employee)

**This Form May be Reproduced Locally**

# South Dakota Army National Guard Incentive Awards Program

South Dakota Army National Guard

001

"Caught in the Act" Award

Date Drop Down Box

Payable to \_\_\_\_\_ \$200.00

Two Hundred and No/100

Electronic Signature  
Recommender's Signature

"U.S. Treasury Check"

A SDARNG Thank You...  
For Being Caught in the Act

# REQUEST FOR APPROVAL OF ENVIRONMENTAL DIFFERENTIAL/HAZAROUS DUTY PAY

Part 1

## PART I

## REQUEST FOR APPROVAL

1. TO:	2. FROM:	3. DATE OF REQUEST: Drop Down Box
4. POSITION TITLE, SERIES AND GRADE OF ALL POSITIONS AFFECTED:		5. POSITION NUMBER (s)
6. DESCRIPTION OF WORK SITUATION (Continue on reverse if additional space is required):		
7. DESCRIPTION OF CORRECTIVE ACTION TO ELIMINATE OR REDUCE SITUATION (e.g., if protective clothing, devices or equipment are provided, specify type, etc.):		
8. TITLE OF APPLICABLE CATEGORY REQUESTED:		9. DIFFERENTIAL RATE:
10. OFFICIAL AUTHORIZED TO CERTIFY EXPOSURE AND APPROVED PAYROLL DOCUMENTATION ( Typed Name, Title, and Signature):		
11. RECOMMENDING OFFICIAL (Typed Name, Title and Signature):		12. DATE: Drop Down Box

## PART II

## COORDINATION AND CONCURRENCE

OFFICE	NAME AND TITLE OF REVIEWER	SIGNATURE	DATE	CONCUR	NON-CONCUR
HDP/EDP Committee		Electronic Signature	Drop Down Box	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FW/CC			Drop Down Box	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HRO			Drop Down Box	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## PART III

## FINAL DISPOSITION

DISTRIBUTION TO: Safety OHN/Bioenvironmental Union Technician Pay Supervisor	FROM:	DATE OF FINAL DISPOSITION:
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# WEIGHT CONTROL DOCUMENTATION

SUBJECT: Weight Control Program

FROM: Command Officer \_\_\_\_\_

TO: (Individual Soldier) \_\_\_\_\_

1. You have been determined to exceed the body fat standard and a goal of 3-8 pounds of weight loss per month is considered to be satisfactory progress. Failure to make satisfactory progress or achieve the body fat standards could result in separation from the service.

2. You have been flagged under the provisions of AR 600-31 and entered in a Weight Control Program.

DATE: Drop Down Box



(Commanding)

( ) 600 1st End  
Office Symbol

FROM: Individual Soldier \_\_\_\_\_

TO: Commanding Officer \_\_\_\_\_

I understand my responsibilities to achieve the body fat standards to have my weight recorded periodically or during unit training assemblies (UTA) as applicable.

DATE: Drop Down Box

Electronic Signature  
(Soldier's Signature)

For use see AR 600-9.

SDNG Form 600  (1 MAR 00)

Previous Editions are Obsolete.

## PERSONAL FINANCE RECORD FILES

37-104-10F

Privacy Act: A0037-104-1aSAFM, A0037-104-3dSAFM  
A0037-104-3cSAFM, A0037-104-3DASG

Dispose of folder or portions thereof per instructions  
Contained in AR 37-104-3, AR 635-10 and AR 640-10

### SOLDIER PAY FILES

NAME OF SOLDIER: \_\_\_\_\_

*Check Box - OPTION to Check one or all*

- ☒ DD Form 93 (Casualty Assistance Form) (copy)
- ☒ SGLV 8286 (SGLI election document), (copy)
- ☒ IRS W-4 (Tax Withholding) (original)
- ☒ DA Form 3685-R (Check Mailing Information) (copy)
- ☒ SF 1199A (Sure Pay) (copy)
- ☒ DD Form 2058 (State of Residency) (copy)
- ☒ DA Form 5960 (BAQ) (original) (if applicable)
- ☒ DD Form 137 (Dependency verification) (original) (if applicable)
- ☒ DA Form 3058 (VA Benefit Declaration) (copy) (if applicable)
- ☒ VA 21-8951 (VA Benefit Declaration) (copy) (if applicable)
- ☒ DD Form 2558 (Allotment Form) (copy) (if applicable)

# INFORMATIONAL PERSONNEL FILES

600-8-104a

Privacy Act: A0640DARPC

Destroy 1 year after transfer or separation of soldier

## INDIVIDUAL SOLDIER PERSONAL DOCUMENTS

NAME OF SOLDIER: \_\_\_\_\_

*Check Box - one or more - Able to mark all*

- ☒ SOLDIER'S BIRTH CERTIFICATE
- ☒ SOLDIER'S SOCIAL SECURITY CARD
- ☒ SOLDIER'S TEST SCORES
- ☒ MARRIAGE CERTIFICATE (if applicable)
- ☒ DIVORCE DECREE (if applicable)

### DEPENDENT'S BIRTH CERTIFICATES

*Check Box - one or more - Able to mark all*

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> SPOUSE |   |
| <input checked="" type="checkbox"/> CHILD  | <input checked="" type="checkbox"/> CHILD |
| <input checked="" type="checkbox"/> CHILD  | <input checked="" type="checkbox"/> CHILD |
| <input checked="" type="checkbox"/> CHILD  | <input checked="" type="checkbox"/> CHILD |

### DEPENDENT'S SOCIAL SECURITY CARDS

*Check Box - one or more - able to mark All*

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> SPOUSE |   |
| <input checked="" type="checkbox"/> CHILD  | <input checked="" type="checkbox"/> CHILD |
| <input checked="" type="checkbox"/> CHILD  | <input checked="" type="checkbox"/> CHILD |
| <input checked="" type="checkbox"/> CHILD  | <input checked="" type="checkbox"/> CHILD |

*Check Box - one or more - able to mark All*

- ☒ DD FORM 1172 (if applicable)

- ☐ SOLDIER'S HIGHEST CIVILIAN EDUCATION COMPLETION DOCUMENT.

# INFORMATIONAL PERSONNEL FILES

600-8-104a

Privacy Act: A0640DARPC

Destroy 1 year after transfer or separation of soldier

## SOLDIER DOCUMENTS FOR ANNUAL REVIEW

NAME OF SOLDIER: \_\_\_\_\_

*Check Box- Be able to mark one or all*

- ☒ NGB FORM 23A (Most recent RPAS)
- ☒ SDNG FORM 50 (Disability Counseling Statement)
- ☒ NGB Form 590
- ☒ SGLI Form 8286 (kept in pay file)
- ☒ DD Form 93 (kept in pay file)
- ☒ SDNG Form 84 (Annual Security Briefing) (if applicable)
- ☒ Copy of DA Form 2-1
- ☒ DD Form 2760 (Lautenberg Amendment)
- ☒ SDNG Form 92 and related items if AWOL
- ☒ DA Form 4856 (General Counseling Form) (if applicable)
- ☒ Drug and Alcohol Documents (if applicable)
- ☒ Family Care Plan Documents (if applicable)

# INFORMATIONAL PERSONNEL FILES

600-8-104a

Privacy Act: A0640DARPC

Destroy 1 year after transfer or separation of soldier

## SECURITY CLEARANCE DATA

**NAME OF SOLDIER:** \_\_\_\_\_

*Check Box - Be able to mark one or all*

☒ Statement of Security Clearance Verification

☒ SF 312/SF 189 (Non-Disclosure Agreement)

☒ OF 86 (Security Clearance Request Document)

☒ DA Form 2962 (Debriefing) (if applicable)

☒ SDNG Form 84 (Annual Briefing) Kept with Annual Review Forms



# INFORMATIONAL PERSONNEL FILES

600-8-104a

Privacy Act: A0640DARPC

Destroy 1 year after transfer or separation of soldier

## MILITARY SERVICE COMMITMENT DOCUMENTS

**NAME OF SOLDIER:** \_\_\_\_\_

*Check Box - Be able to mark one available*

- ☒ DA Form 4836 (Latest extension document)
- ☐ Bonus Annexes
- ☐ DD Form 2384-1 (GI Bill NOBE)
- ☒ SDNG Form 56 (Tuition Assistance Requests)
- ☐ DD Form 4
- ☒ DD Form 1966 series
- ☒ 20 Year Letter (if applicable)
- ☒ DD Form 1883 (SBP election) (if applicable)

# INFORMATIONAL PERSONNEL FILES

600-8-104a

Privacy Act: A0640DARPC

Destroy 1 year after transfer or separation of soldier

## MILITARY SERVICE/TRAINING VERIFICATION DOCUMENTS

**NAME OF SOLDIER:** \_\_\_\_\_

*Check Box - Be able to mark one or All*

☒ DA 268 (Flag for weight or APFT if applicable) Also staple copy outside of file for personnel currently flagged.

☒ DD Form 214/DD Form 220 or equivalent

☒ DA Form 1059 Highest NCOES completion document

☒ DA Form 1059 MOSQ schools attended

☒ Current MOS Order

☒ DA Form 2166-7 NCOERs relevant to this period of service.

☒ DA Form 4100 (most current EPS input)

☒ Award Certificates, orders or other verification documents

Achievement Awards: *Check Box option*

☒ SD Dist Svc Rbn

☒ AAM

☒ ARCM

☒ MSM

Service Awards: Eligibility Start Date: *Drop Down Box*

Army Service Ribbon: \_\_\_\_\_

Army Reserve Component Achievement Ribbon: \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Armed Forces Reserve Medal: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

S.D. Nat'l Guard Svc Rbn: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

# SIDPERS TRANSMITTAL RECORD

DATE PREPARED:  
Drop Down Box

ORIGINATOR CODE:

TRANSMITTAL NUMBER:

TO: SIDPERS Interface Branch  
2823 West Main  
Rapid City SD 57702-8186

TYPE SOURCE DOCUMENTS/ INPUT FORMS	PERTAINING TO THE FOLLOWING MEMBER(S)	COUNT
1. CONDITIONAL RELEASE (4 copies per indiv)		
2. DD FORM 214 OR 220 (2 copies per indiv)		
3. CHANGE REPORTS	NAMES NOT REQUIRED ON TRANSMITTAL	
4. OTHER		
REMARKS:		TOTAL:

\*\*\*\*

NOTE: Use separate transmittal for officer and enlisted documents.

NAME AND TITLE OF PREPARING INDIV

Electronic Signature  
SIGNATURE

## VALIDITY REVIEW

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS SIDPERS TRANSMITTAL HAS BEEN REVIEWED FOR CORRECT CONTENT, NECESSARY DOCUMENTATION, PROPER PREPARATION AND HAS THE REQUIRED SIGNATURES.

(Initials of higher HQs verifier): \_\_\_\_\_

~~CONFIDENTIAL~~

DATE  
SUBMITTED  
Drop Down Box

# SIDPERS OFFICER/WARRANT OFFICER GAIN TRANSMITTAL

TRANSMITTAL #: \_\_\_\_\_

SSN #: \_\_\_\_\_

ORIGINATOR CODE: \_\_\_\_\_ DATE: Drop Down Box

NAME, INDIVIDUAL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

ADDRESS CITY: \_\_\_\_\_

STATES OF US: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\*\*\*\*\*

CURRENT UPC: \_\_\_\_\_

MAJ-SUB-COL-EDUC: \_\_\_\_\_

ADD-WH-TAZ: \_\_\_\_\_

NUMBER OF EXEMPTIONS: Drop Down Box

GR ABBR CODE: \_\_\_\_\_

POSN-NBR-EX-IND: \_\_\_\_\_

AUTH-LINE-DSG: \_\_\_\_\_

RACE/POPULATION GROUP: Drop Down Box

AUTH-PARA-DSG: \_\_\_\_\_

RELIGIOUS DENOMINATION: Drop Down Box

BENEFIT-STAT-WRV-CODE: \_\_\_\_\_

ROTC-ARM-FORCES: \_\_\_\_\_

CIVILIAN EDUCATION LEVEL: Drop Down Box

ROTC-YRS-COMPL: Drop Down Box

CIVILIAN EMPLOYER: \_\_\_\_\_

SRC-CMSN-WRNT: \_\_\_\_\_

CIVILIAN OCCUPATION: \_\_\_\_\_

SGLI-ELECTION: \_\_\_\_\_

DATE OF RANK, RESERVE: \_\_\_\_\_

TY-ROTC-PROG: \_\_\_\_\_

DAYS WAIVED: \_\_\_\_\_

DTY POSITION: \_\_\_\_\_

DY-POSN-QUAL: \_\_\_\_\_

**VALIDITY REVIEW: I CERTIFY THAT INFORMATION IN THIS SIDPERS TRANSMITTAL HAS BEEN REVIEWED FOR CORRECT CONTENT, NECESSARY DOCUMENTATION, PROPER PREPARATION AND HAS THE REQUIRED SIGNATURES.**

(Initials of Higher HQs Verifier): \_\_\_\_\_

# SIDPERS CHANGE REPORT

NAME: _____ SSN: _____		SIB USE ONLY
UNIT CODE: _____		
1. CHANGE MARITAL/DEPENDENCY STATUS TO <i>Check Box option</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Annulled  <input checked="" type="checkbox"/> Interlocutory  <input checked="" type="checkbox"/> Married  <input checked="" type="checkbox"/> Widowed         </div> <div>           No. of Dep  <input checked="" type="checkbox"/> Divorced  <input checked="" type="checkbox"/> Legally Sep  <input checked="" type="checkbox"/> Single         </div> </div>	5. CHANGE CIVILIAN EDUCATION TO: _____ MAJ COLLEGE SUBJ: _____	
2. CHANGE FEDERAL INCOME TAX EXEMPTIONS TO: <i>Check Box option</i> <div style="display: flex; align-items: center;"> <input type="checkbox"/> MARRIED  <input type="checkbox"/> SINGLE <i>prop. Can. Ex.</i>  <div style="margin-left: 10px;">No of Exemptions</div> </div> CHANGE ADDITIONAL WITHHOLDING TAX TO: _____	6. CHANGE TOTAL MONTHS ACTIVE FEDERAL SERVICE TO: _____  7. CHANGE TOTAL YEARS SATISFACTORY FEDERAL SERVICE CREDITABLE FOR RETIREMENT TO: _____	
3. CHANGE SGLI TO: <i>Check Box option</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 5,000  <input type="checkbox"/> 10,000  <input type="checkbox"/> 15,000  <input type="checkbox"/> 20,000         </div> <div> <input type="checkbox"/> 25,000  <input type="checkbox"/> 30,000  <input type="checkbox"/> 35,000  <input type="checkbox"/> NONE         </div> </div>	8. CHANGE CIVILIAN EMPLOYMENT CODE TO: Employer <input type="checkbox"/> <i>[scribble]</i> Occupation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. DUTY MOS INFORMATION:  OLD PARA/LN #: _____ NEW PARA/LN #: _____ NEW DUTY MOS: _____ POSITION # EXCESS: _____ MOS QUALIFICATION: <i>Check Box option</i> Q <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> X <input type="checkbox"/> (Check Appropriate Code)	9. HOME ADDRESS  a. STREET _____ b. CITY _____ c. STATE _____ d. ZIP _____ ZIP PLUS _____	

Continued on Reverse Side

10. REMARKS/MISCELLANEOUS CORRECTIONS:

DATE PREPARED:

Drop Down Box

SIGNATURE OF PREPARER:

Electronic Signature

## RPAS INPUT TRANSMITTAL FORM

TRANSMITTAL NUMBER \_\_\_\_\_

For the Month of: Drop down Box 20

THRU:

TO: SIDPERS/RPAS  
2823 West Main  
Rapid City, SD 57702-8186FROM: \_\_\_\_\_  
PRN: \_\_\_\_\_  
UIC: \_\_\_\_\_

## NON-PAID IDT PERFORMANCE

FIRST 5 LAST NAME	SSN	DATE(S) PERFORMED	NUMBER OF ASSEMBLIES	SOURCE DOCUMENT
		<u>Drop Down Box</u>	<u>Drop Down Box</u>	

## NON-PAID ADSW PERFORMANCE

FIRST 5 LAST NAME	SSN	DATE(S) PERFORMED	NUMBER OF ASSEMBLIES	SOURCE DOCUMENT
		<u>Drop Down Box</u>	<u>Drop Down Box</u>	

## USAR SCHOOL COURSE COMPLETION

FIRST 5 LAST NAME	SSN	MONTH(S) PERFORMED	CREDIT HOURS EARNED	TYPE OF SCHOOL	COPY OF SOURCE DOCUMENT ATTACHED
		<u>Drop Down Box</u>	<u>Drop Down Box</u>		

☐ A NEGATIVE REPORT FOR THE MONTH OF \_\_\_\_\_  
IS SUBMITTED.

"I CERTIFY THAT THE INFORMATION CONTAINED ON THIS TRANSMITTAL LETTER IS  
ACCURATE AND ALL SOURCE DOCUMENTS ARE ATTACHED.

Electronic Signature  
Signature of Commander or Authorized Representative

Drop Down Box  
Date



**MISCELLANEOUS NON-PAID PERFORMANCE**

*Drop Down Box*  
(Medical, JAG, Pastoral, Recruiting)

FIRST 5  
LAST NAME

SSN

DATE(S)  
PERFORMED

TYPE OF  
TRAINING

SOURCE  
DOCUMENT

*Drop Down  
Box*

**REQUEST FOR NGB FORM 23B**

(ARNG HISTORY STATEMENT)

FIRST 5  
LAST NAME

SSN

REASON FOR  
REQUEST

**CORRESPONDENCE SUB-COURSE COMPLETION**

(SIB WILL COMPUTE POINTS)

FIRST 5  
LAST NAME

SSN

SOURCE  
DOCUMENT

**ADDITIONAL REMARKS:**

(REVERSE)

SDNG FORM 600-8-9

(1 MAR 00)

**SOUTH DAKOTA NATIONAL GUARD FAMILY PROGRAM  
VOLUNTEER AGREEMENT**

The intent of this agreement is to assure you of our deep appreciation of your services and to indicate our commitment to do our very best to make your volunteer experience productive and rewarding.

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**I. NATIONAL GUARD**

We, The South Dakota National Guard, agree to accept the services of \_\_\_\_\_, and commit to the following:  
(volunteer name)

1. To provide adequate information, training, and assistance to enable you, as a volunteer, to meet the position responsibilities.
2. To respect your skills, dignity, and needs and do our best to adjust to these individual requirements.
3. To be receptive of any comments you may have regarding ways we can mutually accomplish Family Program tasks.
4. To treat you, the volunteer, as an equal partner responsible for completion of the mission.

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**II. VOLUNTEER**

I, \_\_\_\_\_, agree to serve as a volunteer and understand that I am not, solely because of these services, an employee of the United States Government, State of South Dakota Government, or any instrument thereof, except for certain purposes relating to tort claims and workman's compensation coverage with regard to incidents occurring during the performance of approved volunteer services. I agree that I expect no present or future salary, wages or benefits as payment for these volunteer services. I also commit to the following:

1. To perform my volunteer duties to the best of my ability in a professional manner.
2. To adhere to National Guard rules and procedures, including record keeping requirements and confidentiality of National Guard and service member/family information.
3. To meet time and duty commitments, or to provide adequate notice so alternate arrangements can be made.
4. To seek further training to improve my skills and knowledge.

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III. AGREED TO This agreement may be cancelled at any time upon verbal or written notification to your commander and the State Family Program Coordinator.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
State Family Program Coordinator

Drop Dan Box  
Date

Drop Dan Box  
Date